School Physicians' Bulletin

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The Care of the Epileptic in the Public School*

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Epilepsy has been defined as a nervous disease, characterized by convulsions. From this, the medical student would probably infer this to be a specific disease of the nervous system whose chief symptom is the convulsion, either of the petit mal or grand mal type, and when more familiar with the condition, he might add, psychic mal. However, in reviewing the great mass of literature regarding epilepsy, the conclusion is almost forced on one that most medical men consider the convulsion itself as the disease. Certainly the majority of individuals having repeated convulsions are usually labeled epileptics, and yet modern research has shown that there are many underlying causes of convulsions. A few more or less chronic causes are brain tumors, brain abscesses, encephalitis, sclerosis of the cerebral vessels, dysinsulinism, calcium faults and various endocrine disturbances, the proper recognition and treatment of which often markedly ameliorates or stops the convulsions. Still, the individuals so suffering are called epileptics. The point is that all cases of repeated convulsions should not be called epilepsy and a thorough survey should be made of the patient to determine the underlying pathology.

It is a well known fact that about 80% of the cases of so called epilepsy occur before the age of 20 and many of them give a history of convulsions in infancy. Birth injury is now known to be responsible for most of the convulsions of infancy and is certainly the underlying pathology of at least 75% of all chronic cases of repeated convulsions.

It is estimated that there is one epileptic for every three or four hundred population.

Since something like 80% of the epileptics develop in the pre-school or school age and since the convulsion itself is rather terrifying and tends to create panic among teachers and pupils, one can easily understand that a serious problem presents itself—to the patient trying to get

*Read before the Third Annual Convention at Fort Worth, Texas, October, 1930.

an education, to the parent desiring its education, and to the school which is obligated alike to all its pupils. Not infrequently, another problem concerning this type of patient presents itself. Many of these cases are asocial, morbid in their nature and manners, and hard to get along with and are feared and shunned by not only the pupils, but also the teachers. A perfectly satisfactory solution of these problems will not be obtained until very much more is known about the nature of epilepsy and the epileptic personality.

Since these patients live many years as a rule, it is highly desirable that in so far as possible, they become self supporting. They have the same right to life and the pursuit of happiness as do those of us who are more fortunate, and certainly society owes as much to them as it does to the feebleminded and the mentally sick, for whom much more has been and is being done.

For convenience of discussion, we might divide these people into three classes.

The first class to include those of such low mentality as to be uneducable. Manifestly, such cases must live a life of custodial care, either at home or in an institution. Their condition should be discovered when the child is in the pre-school age and they should never be allowed to enter the public school, hence with them this discussion is not concerned.

The second class to include those who are more or less feebleminded and yet are capable of some limited education. For these cases, there can be probably only a very few years spent in school. They can take only the elementary work, but if possible, should be taught to read and write, play games, do handiwork, gardening, farming, housekeeping and the simpler things that will not only help them to be partially self-supporting, but enable them to pass more or less pleasantly the years that are ahead so that they will not be forced to live the vegetative life that so many have been forced to live in the past. Many of these cases sooner or later find their way into crowded institutions, as there are already too few of such places for their care. A more sympathetic understanding of this class on the part not only of the school but of the medical profession, no doubt would enable many of them to live more happily at home.

The third class to include all others who are normal mentally. These are of course, the most hopeful cases. They can with the proper education become nearly, if not entirely, self supporting. They also usually make fairly normal social adjustments.

Now, let us consider for a moment the present attitude of not only the school but the medical profession towards these unfortunates. Wood and Rowell, in their book, "Health Supervision and Medical Inspection of Schools" have this to say: "The tendency with epileptic children is

either to exclusion or institutionization. A special class for this group probably is not practicable. No child who has attacks of epilepsy should be permitted to attend the regular school. The effect upon other children is too demoralizing and they are soon constantly watching for such occurrences. Likewise, the afflicted child becomes an object of too considerable interest and consequent self consciousness causes aggravation of the nervous condition of the epileptic. Furthermore, the school has not the facilities for care or for following these cases from the medical or classroom point of view, to say nothing of the necessity of providing a special person to watch such children during an attack or afterward. The tendency of the epileptic toward ill and ungoverned disposition makes these cases feared in institutions, where they are considered the most dangerous of inmates. Such unstable temperament makes school attendance of epileptics hazardous to other pupils."

One could hardly imagine a more pessimistic attitude and one which would almost preclude the possibility of the epileptic's getting an education, since the majority could not afford private tutors, and yet, an education is certainly as important to an epileptic as to any other child, even though in many cases, his capacity is limited. He requires even more discipline than the normal child and it is very important that he should secure sufficient knowledge to meet the ordinary demands of life. They are very sensitive individuals and many of them look forward to recovery with as much hope as does any other sick individual, a hope that mounts as time between convulsions increases and becomes despair with each new attack. Being denied school, they will lose interest, fail in discipline, feel that they are outside the pale, become discouraged, depressed and retarded.

In an excellent article on the Public and Private Provision for the Epileptic in Mental Hygiene of October 1926, Dr. L. Pierce Clark says that " His make-up, even more than his occasional seizures, renders him incompetent to make normal adjustments to community life and that he is ' considered a little less hopeless than the feeble minded.' "

While we must agree in some part with this statement, at the same time it is our belief that this make-up is not altogether due to the disease itself, but in many, many cases to the treatment which he has received a good part of his convulsive life. We refer to the long continued use of bromides, for ages the sheet-anchor in the treatment of these cases, and which does not cure but is responsible for much of the mental deterioration and keeps the patient in a more or less state of delirium, making of him an autonomic individual. With the discontinuance of bromides and the use of luminal, many cases will, as they are now doing, take a new hold and become not only more sociable citizens, but be less handicapped in their struggles for whatever they may be trying to attain.

Later in Dr. Clark's article, he strikes a more hopeful note when he says, "there is no doubt whatever but that many children who present symptoms of epilepsy in a moderate degree can carry on academic work very satisfactorily with benefit not only in the way of an amelioration of their disorder, but to their general mental development." He also states that, "it has been proven at Craig colony as elsewhere, that despite the irregularity of school attendance because of seizures, the varying mental condition of many of the individual pupils, and the occurrence of seizures in class, a select group of epileptic school children can and do make satisfactory progress." It is my opinion that the present attitude of frequently excluding these cases from the public schools is wrong and should be changed. Too often, they are looked on as abnormal individuals, not only subject to more or less frequent seizures, but as peculiar asocial individuals of poor mentality, and are more or less shunned by every one. Usually they are not wanted at home, in institutions, county farms or anywhere else.

The present attitude almost excludes them from any kind of position whereby they may help support themselves. Certainly, this attitude in large part has been responsible for the epileptic's lack of adjustment and asocial nature. They have been made to feel that they are outside the pale, and every man's hand is against them and naturally respond with a like attitude. These cases have never had a chance and little effort has been made to really understand the nature of their trouble and really help them. Parents have been advised to keep them out of school with the idea that it is only a matter of time until they become insane, and any effort spent on their education would be wasted.

It is refreshing, however, to note the changing attitude in the minds of some of the medical profession. Dr. Frank M. Stiles in the Kentucky Medical Journal for January, 1930, has this to say, "Of course, it is trying for a patient to have a convulsion in the school room or on the grounds, but as a rule the teacher and fellow pupils can be counted on to help and encourage the child and whenever it can be done, the child should go on with his education. Do not let him feel his handicap more than is necessary. Tutoring in the home can be resorted to in some cases."

It is my opinion that these cases should not be excluded from the public schools. If the teacher and pupils alike could be made to understand that however distressing a convulsion may be, these patients do not die in an ordinary convulsion, they simply have a peculiar type of illness. and a sympathetic, helpful attitude on the part of the teacher and pupils would be a distinct aid to the epileptic, I am sure that it would not be necessary to exclude this individual from school.

With the proper medical understanding of these cases, after a thorough medical survey of the patient and proper care and treatment instituted, the convulsions will be fewer, much lighter in character and many will even cease to have convulsions.

Of course, there may be days when it will be necessary for these pupils to be absent from school. Not infrequently they have sufficient warning that a convulsion is coming in a few hours or a day, and with the proper coöperation on the part of the school authorities whereby it is understood that these pupils must occasionally be absent, I am sure the actual seizures in class can be avoided in many instances.

Special classes are probably not practical because of the small number of pupils to the class which makes added cost. Chicago had three classes with only from six to ten in each class.

Finally, I wish to register my plea, feeble as it is, for a more thorough medical survey, a more sympathetic attitude, a more definite effort to educate, and thus assist in making a happier, less menacing and more nearly self-supporting individual of the epileptic.

Ductless Glands in Growth Problems

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The study of growth problems and body types is attracting widespread interest from all organizations having supervision of children and adolescents. Coming in contact as they do with individuals during the very important part of their life including the growth period and puberty, school authorities and school physicians carry a heavy responsibility. Many conditions begin at this time and early recognization of the stigmata of mental and physical abnormality with treatment may prevent the more fully developed conditions so frequently seen.

From the standpoint of *mental conditions* alone the importance of early observation is seen in statistics which show that of the 850,000 hospital beds in the United States, fifty per cent are occupied by mentally sick patients, sixteen per cent of whom are schizophrenic cases.

In a recent talk on eugenics, Dr. Popenoe stated that five million children in the United States are subnormal mentally and that two million are so definitely subnormal that it is necessary for them to have twenty-four hour custodial care. Another authority states that fifty-five per cent to sixty-five per cent of all subnormal children are glandular in type and early treatment may prevent fully developed mental conditions later on.

Puberty and growth are closely associated with the activity of the ductless glands. Puberty with the rapid body changes, emotional instability and susceptibility to disease is too large a subject for discussion in this paper. The association of growth and development with endocrine abnormalities is quite evident. Fortunately many symptoms of ductless gland conditions are quite apparent, as they include body changes, which are easily seen. Surprising is the large number of endocrine cases which are found in groups of children considered to be average or normal in physical development. Of 136 Y. M. C. A. boys whom I examined, thirteen to fourteen per cent showed endocrine abnormalities, thirty-five per cent of whom had orthopedic symptoms. In the Los Angeles Orthopedic Hospital thirty-five per cent of the orthopedic cases had endocrine disturbances.

Development goes on at a more or less definite rate. From birth, when the child should weigh seven and a half to eight pounds, to adult life certain changes occur at given periods. Growth proceeds at a relatively uniform rate. The weight increases about five pounds each year until the age of ten and then about ten pounds per year. Any marked abnormality in the sequence of events is pathological and in many instances can be associated with endocrine disorder.

Of the ductless glands most concerned in growth and development are the thyroid, pituitary and sex glands. Of particular interest is the influence of the thyroid and pituitary glands and these will be more definitely considered here. Recent experimental work, notably that of Bennett M. Allen of Los Angeles and Herbert M. Evans of Berkeley show that the thyroid is not normally active in the absence of the anterior pituitary and there is considerable evidence that the reverse is true. Removal of the anterior lobe of the pituitary causes thyroid atrophy.

It has long been known that the thyroid has a marked effect on development. It influences both physical and mental growth. In the absence of the thyroid gland the individual fails to develop normally.

Among other functions, the pituitary gland has to do with growth of long bones and sex development. Even in the embryo, four lobes are easily distinguished. The physiology of the anterior lobe which concerns us most in this paper is fairly definite. Both Allen and Evans have shown that it possesses two quite active hormones. Intraperitoneal injections of anterior lobe substance in rats causes gigantism and transplants of this lobe will produce oestrus in from three to four days. Thus the anterior lobe definitely contributes to the control over the sex and body proportions of the individual. Dwarfism is a condition common to insufficiency of both the thyroid and anterior pituitary and will be more fully discussed as one type of growth irregularity frequently seen.

In the *cretin* or individual who has little or no thyroid tissue, we find underdevelopment of the entire skeleton. This is particularly true of the long bones. There is retardation in the development of the wrist bones and in the appearance of the different epiphyses. The skin is dry and scaley with dry hair and brittle nails. These children are markedly retarded mentally and have apathetic, expressionless faces.

In *drawfism* of the Loraine Levy, or hypo-pituitary type, the patient shows marked undergrowth of the long bones. They may be fairly well proportioned, and are nearly always normal mentally. They frequently have small genitalia. They are miniatures of the normal. This condition is due to an insufficiency of the anterior lobe of the gland.

Two other types of dwarfism will be of interest. First, achondroplasia, a condition not thoroughly understood, and one which has stimulated a great deal of research. While Jansen of Holland after extensive study of this condition comes to the conclusion that it is due to amniotic pressure at the fifth week of embryonal life, there are quite a few characteristics of these interesting patients which are suggestive of endocrine disorder, particularly the large genitalia with precocious sexual tendencies.

Finally dwarfism from rickets is not at all uncommon and is mentioned here to recite a very interesting case admitted to the Los Angeles Orthopedic Hospital. The patient was admitted in infancy with a well developed rickets. The acute condition was treated successfully but the child was left a rachitic dwarf. At the earnest solicitation of the mother we attempted to cause this boy to grow by the use of glandular products, giving him anterior pituitary by mouth and antuitrin hypodermically. We were surprised at the end of eight months to find that he had grown four inches. This boy had failed to make definite growth for several months previously.

TREATMENT

In cretinism, we use thyroid and anterior pituitary by mouth. The thyroid is given to tolerance and anterior pituitary up to as high as five grains three times a day. We also give antuitrin intramuscularly twice or three times a week.

In the Loraine Levy type of dwarfism, antuitrin, and anterior pituitary by mouth will produce the best results. Thyroid may be combined with this treatment in an effort to hasten growth.

In achondroplasia, treatment is apparently of no avail.

The treatment of rickets is well outlined in any book on pediatrics. However, I should like to urge the use of anterior pituitary where other treatment is not successful.

The Rod Versus Personality

"The rod is about as useful in trying to cure diphtheria as it is in altering conditions which are activated by motives unconscious to the child. The important aspect of the child's environment is represented by the personalities with whom he comes in contact, to which he has to adjust his life, and to whose authority he must submit. The parents who depend upon threats and punishments to obtain desirable conduct from the child may be gratifying, for the moment at least, their own sense of power; but they are doing little or nothing to make the child work toward the desired end."—*Douglas A. Thom, M.D.*

EYE STRAIN OFTEN OF NERVOUS ORIGIN

At the section on ophthalmology of the American Medical Association, which met in Detroit on June 25, 1930, Dr. George S. Derby of Boston, under the title of "Ocular Neuroses," gave an interesting discussion of the subject of eye strain. Dr. Derby stated that many persons complain of eye strain which is found on examination to have no direct relationship to the eyes, but is due to worry, emotional stress or other neurotic causes. In fact, Dr. Derby states that he believes that the word "eye strain" should be banished from our vocabulary. His paper suggests the need, when patients complain of eye strain, of searching for a possible cause elsewhere than in the eye. Frequently a patient has a fear of diseases of the eye because there is someone in the family who is blind or who has very poor eyes. Dr. Derby states that most of these neuroses occur in sensitive and highly organized persons. The paper was discussed by such authorities as Dr. W. H. Wilmer of Baltimore, and Dr. George E. DeSchweinitz of Philadelphia, both of whom confirmed Dr. Derby's opinion.—*Mental Hygiene News*, New York State Department of Mental Hygiene, April, 1931.

Rest is one of the most effective health agencies known. Many children need more of it.

Mental fatigue is far more common among children than is generally appreciated. Watch out for it.

One half or more of mental disturbances of adult life have their incipiency in childhood.

Preliminary Tuberculosis Without Diagnostic Physical Signs

The December 1st issue of the *New York State Journal of Medicine* contains an interesting study by Dr. Robert E. Plunkett, M.D., Director of the Division of Tuberculosis of the State Department of Health. The period covered was from early in 1925 to July 1929. Of the 19,113 examinations made 2,054 cases were diagnosed as positive, 1,852 of which were over 15 years of age. Among these 1,852 cases 264 were found that had no diagnostic physical signs, but in which definite parenchymatous changes were shown in the X-ray. Dr. Plunkett concludes his article as follows:

> Pulmonary tuberculosis, without diagnostic physical signs, exists more commonly than is generally appreciated, even in the moderately advanced or far advanced stages. Pulmonary tuberculosis may be present even in spite of a relatively negative history. A chest roentgenogram should be obtained before a diagnosis of tuberculosis is excluded. The clinical status of patients as regards active tuberculosis cannot be determined accurately in many cases by the results of a single examination. A period of clinical study, preferably in a sanatorium, should be encouraged in all questionable cases.

Importance of X-Ray Diagnosis and Sputum Examination

The busy private practitioner has little time to learn refined methods of diagnosis and little educational opportunity to study tuberculosis. He has, however, learned as well as the patient, that the physical examination of the chest is often insufficient in the practice of specialists, who now resort to the x-ray in nearly every case. Further, he knows it is quite as important to have a sputum examination as it would be to have a culture made in suspected diphtheria. Indeed, the time may not be far distant when both procedures will be required by law, with penalties or damage suits for neglect. We are rearing a structure of medical knowledge that is far over our present practice, and the public knows it, especially with reference to tuberculosis.—DR. EDWARD R. BALDWIN, *New York State Journal of Medicine*, February 15th, 1931.

ANNUAL MEMBERSHIP DUES

Have you as yet paid your annual membership dues? If not, to do so would encourage the Association and assist to carry on the program outlined for the year.

Inadequacy of Vaccination Against Tuberculosis

The latest proposal for the wholesale vaccination of infants by Calmette, utilizing a weak bovine innoculation, has had a wide use in Europe. There are grave objections to depending on this or on any other method of vaccination against tuberculosis. In the first place no evidence has been brought out that a complete protection can be conferred, and after a few months the slight resistance which at first may be created, dies out again. Thus a false sense of security is likely to be engendered. The very protection itself is caused by tubercles and vanishes when they disappear or heal completely, whereas if they persist the vaccine cannot be non-pathogenic. There are also some experiments which show a revival of the virulence of the vaccine. Advocates of vaccination as a solution of the problem of exterminating tuberculosis seem to overlook the fact that if mild infections could protect against severe ones, we should long ago have seen the disease disappear spontaneously from natural infection, which is so nearly universal.

The possibility of doing some good by vaccination is nevertheless to be admitted, for during the first two years of life natural infection may be very serious where exposure is inevitable. Even sterilized vaccines made from virulent bacilli, are slightly protective and safe. Trials are being made of this method both at home and abroad. On the other hand tuberculins do not serve this purpose. In all the years that tuberculin has been used in diagnosis and treatment, none of the many kinds has been found to give any immunity. Its continued use as a therapeutic agent is largely restricted to non-pulmonary tuberculosis such as that of the eye, skin and old sinuses from suppurating joints, lymph glands, etc.—DR. EDWARD R. BALDWIN, *New York State Journal of Medicine,* February 15th, 1931.

Over the Top with 800—Onward to 1000

With this issue of the BULLETIN your Association is going over the top with 800 members and is still going strong. It is also developing a gratifying list of subscribers among nurses, librarians, health workers and others.

Your fourth annual meeting, to be held in Montreal on September 14th, 15th and 16th is only six months away. By that time we should have 1000 or more members and several hundred subscribers. This can easily be done if every member will get a new member or another subscriber or both. Help us to go over the *Top with* 1000 at Montreal.

The Danish Treatment of Scabies

Many children have Scabies. It causes much discomfort, many absences and a great loss in public moneys to districts affected. Though a simple disease it is often an expensive one to the community. Properly treated it should be controlled in a few days. Many cases however persist, under the treatment generally used.

The Danish Treatment has been found the most effective. Physicians are encouraged to use it more frequently. Those most familiar with its use claim:

That it has stood well the test of time (1912-1931).

That it generally attains a cure in twenty-four hours.

That the treatment is ambulatory.

The cost of the ointment is not great.

Relief of symptoms is rapid.

One simple unction is sufficient to cure.

When properly made and used the ointment does not irritate the skin or produce toxic symptoms.

The hydrogen sulphide gas given off will tarnish certain metals badly.

The prescription which can be taken from any modern text book on skin diseases is complicated. It must be carefully prepared to insure satisfactory results. The success of the treatment also largely depends on its manner of application. The following procedure is recommended:

The patient takes an ordinary cleansing bath.

He then wipes himself thoroughly dry.

He applies the ointment to the whole of the body, except the head, by gentle rubbing only. Someone will assist him in anointing the back.

He waits for twenty minutes, to allow the application to soak in.

He then goes to bed, or does otherwise.

The next day, twenty-four hours after receiving the application of the ointment, the patient receives his second bath.

He puts on fresh underclothing and walks away cured.

Patients so treated are said to be enthusiastic with the results. Relapses rarely occur. It is very important to thoroughly sterilize the clothing he wore during activity of the disease, also the bedding.

Persons with long-lived parents have an average lifetime at least two to three years greater than those with a poor parental longevity. This observation is based on two reliable investigations.

"In this era of rapid life and living it is well for the individual to remember that he uses only one heart—and carries no extra."

More Honors for President Lokrantz

President Lokrantz was recently appointed Medical Director of the Tenth Olympic Games to be held in Los Angeles from July 30th to August 14th, 1932.

Since elected President of the American Association of School Physicians, he has also been chosen President of the Southern California Public Health Association. We are all proud of our President and extend to him our heartiest congratulations on his well merited honors.

Progress in New York State

The Medical Inspection Bureau of the New York State Education Department will this year have a well trained specialist in heart and lung conditions among school children. This physician will receive a salary of $5,000. He will coöperate with health authorities, physicians and heart organizations to apply our present knowledge to the early recognition and proper care of tuberculosis and cardiopathic conditions among school children.

The 1931 New York State Legislature has provided a five thousand dollar salary for a psychiatrist in the Medical Inspection Bureau of the State Education Department. Dr. Frederick L. Patry of Johns Hopkins Hospital, has already been appointed. He will work in coöperation with the State Department of Mental Hygiene and other agencies in the State interested in the mental health problems of school children. He will also lecture in the teacher training institutions of the State. A liberal portion of his time will be devoted to the medical profession of the State.

During the present year the State Education Department will employ a full time School Medical Supervisor for rural schools. Special efforts will be made to improve school medical inspection in rural communities.

NATIONAL CONFERENCE ON COLLEGE HYGIENE

A National Conference on College Hygiene, sponsored by the National Tuberculosis Association, will be held at Syracuse University on May 5th to 9th inclusive.

Many who will be in attendance are members of the American Association of School Physicians. Many others will wish to be. An effort will be made for an informal meeting at the Hotel Syracuse.

Inquire at the Registration Desk to learn particulars.

It is not so much the amount of health knowledge we possess as its practical application to our daily lives that determines the result.

National Tuberculosis Association

The National Tuberculosis Association will this year hold its annual Meeting in Syracuse, N. Y., on May 11th to 14th inclusive.

The program will contain much of assistance to physicians engaged or interested in health work in school.

Arrangements have been made for an informal luncheon for school physicians at the Hotel Syracuse at 12:30 P. M. on May 14th. This will offer an opportunity to extend acquaintances and to consider association matters. Those expecting to attend should advise the Secretary of our Association at the Hotel Syracuse not later than 10 A. M. on May 14th.

Patronize Our Advertisers

The BULLETIN continues to receive splendid support from a selected list of advertisers. Their continued support will largely depend on the results obtained. Get back of our advertisers as they have so substantially supported the BULLETIN. Patronize them as they have the Association.

Resolutions by American Student Health Association

At the 10th annual meeting of the American Student Health Association recently held in New York City, numerous resolutions were adopted concerning health activities in schools and colleges. The following extracts seem to be most worth while from the point of view of the school physician:

"That the formal teaching of hygiene should be under the directior of qualified members of the faculty, who are adequately trained in Medicine and Public Health. Students should receive academic credit for these courses on the same basis of instruction as credits are received in other curricular subjects."

"That there should be complete examinations of all entering students followed by personal health conferences of an educational character, and a special endeavor should be made to have all remedial defects corrected."

"That there should be an annual health examination of all students, in which the emphasis is placed upon confidential discussion of personal health and emotional problems as a valuable function of the Health Service."

"That all students planning to participate in athletics should be required each season to pass satisfactorily a physical examination before going into active training and should continue under medical supervision throughout the season."

"That evidence of immunity to smallpox should be one of the requirements for admission."

"That no student should be permitted to remain in school who proves to be a health menace to other students or who refuses to coöperate with the health program in maintaining or improving his own health status."

"That a physician with mental hygiene training or a specialist in psychiatry should be included in the health service staff."

"That the American Student Health Association approves most emphatically of the National Conference on College Hygiene, to be held at Syracuse University, New York, May 5-9, 1931, and sponsored by The National Tuberculosis Association and that it herewith expresses its sincerest thanks and highest appreciation to the National Tuberculosis Association for its efforts in sponsoring this Conference."

The Resolutions also make the following statements of opinion:

"The American Student Health Association is of the opinion that all student physical welfare activities should be correlated and organized into one comprehensive and constructive physical welfare program in which the health activities will be combined and the special interests of each of the agencies concerned not directly related to health will be maintained."

"The most vital link in the chain of Health Education is the classroom teacher, who in her daily contact with the child is a determining factor in the attitude that the next generation of parents will take toward a rational health program."

The National Tuberculosis Association will this year hold its annual Meeting in Syracuse, N. Y., on May 11th to 14th inclusive.

The program will contain much of assistance to physicians engaged or interested in health work in schools.

Arrangements have been made for an informal luncheon for school physicians in Parlor E at the Hotel Syracuse at 12:30 P. M. on May 14th. The price will be $1.25.

This will offer an opportunity to extend acquaintances and to consider association matters.

Those expecting to attend should advise the Secretary of our Association at the Hotel Syracuse not later than 10 A. M. on May 14th.

Experience teaches us that the cheapest doctor makes the poorest school medical inspector.

Frequency of Defects in School Children

If you have two children in school it is probable that one of them has some sort of dental defect which might be corrected to the advantage of the child. If you have four children in school it is probable that one needs to have a set of bad tonsils removed. If you have two children in school, one very probably has some sort of a physical defect that might be corrected or improved by appropriate treatment.

These rates were found to prevail among 114,969 Detroit school children who were examined during the last school year by a group of specialists working under the directions of the city health department who provide that city with a splendid school health service.

A defect of some sort was found in 58 per cent of the children examined. Defects of the teeth were most frequent, appearing in 41 per cent of the children, while diseased tonsils came next affecting 23 per cent.

Next to these, the defects found most frequently were those of vision and malnutrition which affected 5 to 4 per cent of the children, respectively.

Much more important than the discovery of the defects is the fact that a very large percentage of them were corrected. Thus tonsils were removed from 25 per cent of the children examined during the year. Dental corrections were made in 18 per cent and glasses were fitted to correct vision in over 1 per cent.

A noteworthy feature of the school health work in Detroit is that 20,470 parents were present at the time of examination of their children. For about 1 in each 4 children examined, a parent was on hand to see the examination done and to talk with the physician about the health needs of the child. This close association between parents and health work in the schools suggests a coöperative attitude that probably explains the high percentage of corrections.—*Illinois Health Messenger*, Feb. 15, 1931.

Thomas Francis Kenney, M.D.

Dr. Thomas Francis Kenney of Worcester, Mass., died on March 15, 1931, after an illness of two months. For three years Dr. Kenney has been a member of the Executive Committee of the American Association of School Physicians and taken an active interest in its development. For many years he was health officer of the City of Worcester and prominent in public health work in Massachusetts.

Not New but True

"Health is a state of mind radiating happiness through a sound body."

Good health begets happiness and efficiency in life.

No child is too young to begin to acquire good health habits.

No person, however old should lose interest in personal health.

Health habits to be effective should be practised daily and automatically.

School medical inspection should apply to every child every day.

Every school should be made a health center for teachers, for pupils, and for the community.

School medical inspection should be so conducted as to make parents believe that next to the home the schools are the most interested in the mental and physical welfare of their children.

If we would do as much for nature as nature does for us, we would escape much of ill health. Give nature a square deal in health preservation.

"Youth like age can be more easily led than driven."

Age must become less fearful and more trustful of youth, so that youth may grow into fearles manhood and womanhood.

More than 150 years ago Benjamin Franklin, whose philosophy seemed to include every phase of human life and endeavor, wrote the following:

> People who live in the forest, in open barns or with open windows do not catch cold. The disease called a cold is generally caused by impure air, lack of exercise, or over-eating.

This dictum of the ancient wise man coincides with the most modern medical practice.

A good hearty laugh each day, even if it is at first somewhat forced, will go far toward removing a tendency to morbidness.

BIRELEY'S ORANGE JUICE

Sweetened—Does Not Contain Preservatives

Bireley's Orange Juice is extracted from tree ripe Valencia Oranges. A dash of lemon juice is added, also sufficient cane sugar to sweeten when an orangeade is made by adding four parts of water.
Bireley's Orange Juice has been used in Southern California schools for over six years and is now available throughout the country.

BIRELEY'S CALIFORNIA FRUIT PRODUCT

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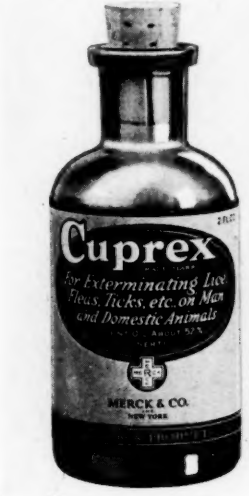

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